



GA 2755

PATENT  
Attorney Docket No. CTX-019CP  
(1545/36)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

AUG 15 2000

Group 2700

APPLICANTS: Bloomfield et al.  
SERIAL NO.: 09/390,928 GROUP NO.: 2755  
FILING DATE: September 7, 1999 EXAMINER: Not Yet Assigned  
TITLE: An Apparatus and Method for Determining a Program  
Neighborhood for a Client Node in a Client-Server Network Using  
Markup Language Techniques

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on August 9, 2000.

Debbie Washburn  
Debbie Washburn

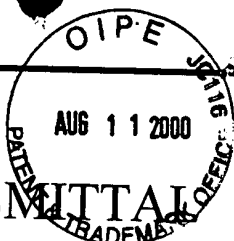
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith are:

- (1) Transmittal Form (1 page);
- (2) Supplemental Information Disclosure Statement (2 pages);
- (3) Form PTO-1449 (1 page);
- (4) Copies of cited references AA-AE, BA-BB and CC-CE (10 references); and a
- (5) Return Receipt Postcard.

# TRANSMITTAL FORM



Application Serial Number	09/390,928
Filing Date	September 7, 1999
First Named Inventor	Bloomfield
Group Art Unit	2755
Examiner Name	Not Yet Assigned
Attorney Docket No.	CTX-019CP (1545/36)

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## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Extension of Time Request  <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations AA-AE, BA-BB, and CC-CE (10 refs.) <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Date: August 9, 2000  
Reg. No. 42,898  
Tel. No.: (617) 248-7954  
Fax No.: (617) 248-7100

Respectfully submitted,

*David G. Miranda*  
David G. Miranda  
Agent for Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110



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Attorney Docket No. CTX-019CP  
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

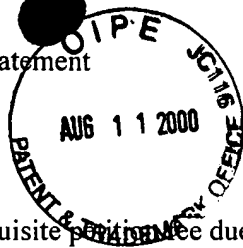
Sir:

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby make of record the references listed on the accompanying Form PTO-1449 for consideration by the Examiner in connection with the examination of the above-identified patent application. Copies of the references are enclosed.

REMARKS

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

- ☒ (1) within three (3) months of the **Filing Date** or before the mailing date of the **First Office Action** on the merits; or
- ☐ (2) after the period defined in (1) but before the mailing date of a **Final Rejection** or **Notice of Allowance**, and
- ☐ the requisite Statement is below, **OR**
- ☐ the requisite fee under Rule 1.17(p), namely **\$240.00**, is included herein, or
- ☐ (3) after the mailing date of a **Final Rejection** or **Notice of Allowance** but before the payment of the **Issue Fee**, **AND**
- ☐ Applicant hereby Petitions the Commissioner to accept and consider the attached Information Disclosure Statement, **AND**
- ☐ the requisite Statement is below, **AND**



☐ the requisite filing fee due under Rule 1.17(i)(I), namely \$130.00 is included herein.

It is respectfully requested that each of the references shown on the attached Form PTO-1449 be made of record in this application.

### STATEMENT

As required under §1.97(e), Applicants, through the undersigned, hereby state either that [check the appropriate space]:

- ☐ 1. [E]ach item of information contained in the Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application **not more than** three months prior to the filing date of the Supplemental Information Disclosure Statement; or
- ☐ 2. [N]o item of information contained in the Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and to the knowledge of the person signing this Statement after making reasonable inquiry, no item of information contained in the Supplemental Information Disclosure Statement was known to **any** individual designated in §1.56(c) **more than** three months prior to the filing of the Supplemental Information Disclosure Statement.

### FEE AUTHORIZATION

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 20-0531. Any overpayments should be credited to said Deposit Account.

Date: August 9, 2000  
Reg. No. 42,898

Tel. No.: (617) 248-7954  
Fax No.: (617) 248-7100

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Respectfully submitted,

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